

Case 6:12-cv-00556-LED Document 9 Filed 09/21/12 Page 1 of 2 PageID #: 99

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

Eastern District of Texas

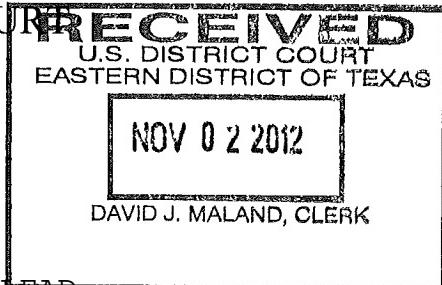
Blue Spike, LLC

Plaintiff(s)

v.

Yahoo! Inc.

Defendant(s)



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6:12CV499 LEAD

CONSOLIDATED WITH
Civil Action No. 6:12-cv-556

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SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address) Yahoo! Inc.
CT Corporation System
350 N. St. Paul St., Suite 2900
Dallas, Texas 75201-4234

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Eric M. Albritton
Albritton Law Firm
P.O. Box 2649
Longview, Texas 75606

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 9/21/12



CLERK OF COURT

A handwritten signature in black ink that reads "David J. Maland".

Signature of Clerk or Deputy Clerk

Case 6:12-cv-00556-LED Document 9 Filed 09/21/12 Page 2 of 2 PageID #: 100

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 6:12-cv-556

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* _____
was received by me on *(date)* 10/01/2012.

Yahoo! Inc.

I personally served the summons on the individual at *(place)* _____

on *(date)* _____ ; or

I left the summons at the individual's residence or usual place of abode with *(name)* _____

, a person of suitable age and discretion who resides there,

on *(date)* _____, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* _____, who is

designated by law to accept service of process on behalf of *(name of organization)* _____

on *(date)* _____ ; or

I returned the summons unexecuted because _____ ; or

Other *(specify):* *certified mail, return receipt requested*
7008 0500 0001 1806 1678

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: 10/05/2012

April M. Hall

Server's signature

April M. Hall

Printed name and title

111 West Tyler, Longview, TX 75601

Server's address

Additional information regarding attempted service, etc:

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)**

For delivery information visit our website at www.usps.com

OFFICIAL USE	
Postage	\$ 5.20
Certified Fee	\$2.95
Return Receipt Fee (Endorsement Required)	\$2.35
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 10.50

Yahoo!, Inc.

Sent To: CT Corporation System
Street: 350 North St. Paul Street, Suite 2900
or PO Box No.
City, State, Zip+4: Dallas, Texas 75201-4234

NEW DOWNTOWN
05
Postmark
Here
2012
07/20/2012

PS Form 3800, August 2006 See Reverse for Instructions

Item 4 if Restricted Delivery is desired.

- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Yahoo!, Inc.
CT Corporation System
350 North St. Paul Street, Suite 2900
Dallas, Texas 75201-4234

SECTION ON DELIVERY	
<i>[Signature]</i>	
<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
B. Received by (Printed Name)	C. Date of Delivery
Robert Pina OCT 01 2012	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
E. Other Information	
3. Service Type	
<input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail	
<input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise	
<input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

2. Article Number 7008 0500 0001 1806 1678 *RRR*
(Transfer from service)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540